

REF: CS3/ASM21005818/Evc-1

Special Instruction:

ASSIGNMENT (Office)

From (Person): TAN WANCONG of ASM (AXA) Date/Time: 16.07.2021

Estimated Cost: _____ Bill to: _____

LS : \$ 21,150

Third Parties:

Claimant:

Surveyor: AUTOMAX SURVEY

WorkshopENG SOON PAINTING SVC

OD TP Re-inspection / Evaluation

To Inspect Vehicle No: SGS 1238S

Insured: SJE 6339P

at Workshop m/s _____ ENG SOON PAINTING SVC

Tel:

of BLK 4 YEW TEE IND EST 393 - J WOODLANDS ROAD SINGAPORE 677969

Policy No: GA442917

Claim No: S1M03A2P

Sum Insured:

Excess:

Make of Veh:

D.O.A. 14/05/2021

(Client's Record)

H.O.D. Endorsement/Date:

Date/Time: _____ Person Contacted: _____ Vehicle IN / OUT _____

Date/Time: _____ Confirmed with _____ Final Fig _____, ____ days (Red \$____/____%; Original 7____ days)

Date/Time: _____ Submit Final Fig _____, ____ days (Red \$ _____ / ____%; Original ____ days)

[illegible]

Para(1) : Parts found not replaced (To highlight *R* or *UB*, *LR*, *Etc*)

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)

Para(3) : Nett Value

Market Value : _____

Salvage Value : _____

Nett Value : _____

Inspected/
Evaluated by:

Fee Charged:

Date: _____

Basic & Add

Transport

Photos

Others

Total

1) Date/Time _____ File Pass to _____

2) Date/Time _____ File Return to _____

3) Date/Time _____ File Pass to _____

4) Date/Time _____ File Return to _____

5) Date/Time _____ File Pass to _____

6) Date/Time _____ File Return to _____